

Project name:		Job No.	
Site and Area:		Completion Date:	

Part A: Schedule of "Routine" Lifts

Description of load	Approx. weight (lbs)	Approx. reach (ft)	Approx. height (ft)	Method	Total Weight: ((Weight / Lifting Capacity) * 100%)

*** All lifts shall have a lift plan completed prior to performing any lifts. A new plan should be completed every day to assess current conditions and inspection of all rigging hardware and attachments. If a tandem lift (two or more pieces of equipment) is to be performed or the lift is over 75% of the equipment's rated capacity, contact the Safety Department for completion of a Critical Lift Plan. ***

Part B: Type of Equipment

<input type="checkbox"/> Telehandler <input type="checkbox"/> Forklift <input type="checkbox"/> Hoist <input type="checkbox"/> Excavator					
Make:		Model:		Serial N°	
Attachments (bucket, jib, etc.):				Date of Last Inspection:	
Lifting Capacity:	Maximum Safe Working Loads (lbs):		Max Radius (ft) (Measured from Out Riggers):		
	Maximum Height (ft):				
	Maximum Reach (ft):				

Part C: Rigging Configuration

Type of Rigging to be Used:			
Rigging Safe Working Load (SWL):		SWL Tags Attached & Legible:	
Rigging Length (ft):	Shackles (size/rating):	Rigging Horizontal Angle < 45° :	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part D: Pre Lift-Checklist

Hazard type	Present?	Hazard Type	Present?
Is the lift within the rated capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any overhead lines or obstructions within the equipment's swing radius?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unstable or soft ground identified? Mats or plates needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exclusion zone and travel path have been identified and delineated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rigging components compatible? Are there visual signs of side loading?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rigging and lifting attachments inspected and within the rated capacity for the load?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are softeners and/or edge protectors used to protect from sharp edges?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have tag lines been added to stabilize and guide the load?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have wind speeds been accounted for?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-Lift meeting has been conducted and roles / responsibilities for all personnel defined?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part E: Plan Review

Role	Name	Signed	Date
Designated Signal Person			
Equipment Operator			
Supervisor or Designated Lead			